PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/824,526			ing Date 15/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FI	.ED	NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A]	N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A		N/A]	N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		mir	us 20 = *			x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	inus 3 = *		1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE s	If the specification and drawin sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37		ation size fee due ity) for each ction thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]]			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL		
, , , , , , , , , , , , , , , , , , , ,									ER THAN ALL ENTITY			
AMENDMENT	10/25/2007	CLAIMS REMAINING AFTER AMENDME		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	• 16	Minus	~ 20	= 0]	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1,16(h))	٠1	Minus	 3	= 0]	x \$ =		OR	X \$210=	0	
ΜĒ	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
L		CLAIMS REMAININ AFTER AMENDME	IG	HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z.	Total (37 CFR 1,16(i))	•	Minus	**	=]	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1,16(h))	٠	Minus	***	=]	x \$ =		OR	x s =		
Ш	Application Size Fee (37 CFR 1.16(s))]]			
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 16	"If the entry in column 1 is less than the entry in column 2, write "o" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

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